



Iowa Child and Adult Care Food Program Sample Child Care Enrollment Form

Directions: Distribute this form to each parent upon enrollment. A completed form, signed by the parent, must be on file for each child who attends the center. The form must be updated annually.

I give permission for my infant/child to be care for at _____.

Name:

Birth date:

My infant/child's usual times of attendance will be:

Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours: Arriving at _____
Arriving at _____

Leaving at _____
Leaving at _____

My infant/child's anticipated meal participation will be:

☐ Breakfast ☐ AM Snack ☐ Lunch ☐ PM Snack ☐ Supper ☐ Late night Snack

Infants (0-12months):

As a participant in a USDA Child Nutrition Program, our center offers meals to all ages of children. Infant feeding is based on current nutrition guidelines. Infant foods are appropriate for the age and developmental readiness of your infant. Please select (X or ✓) your choice(s) of the following options that will fulfill your infant's food needs.

☐ I will provide breast milk for my infant. Center formula may be used to supplement feedings if necessary: ☐ Yes ☐ No

☐ I will provide infant formula for my infant. Name of formula: _____

☐ I accept the center's formula for my infant. Name of formula: _____

☐ I will provide a statement from a medical authority for non-reimbursable formula.
Name of formula: _____

☐ I accept the center's solid foods (appropriately textured) to be served to my infant as s/he is ready for them, and after I have discussed it with the caregiver.

☐ I will provide solid foods for my infant. The center may supplement with additional solid foods when my infant needs them: ☐ Yes ☐ No

Parent Signature: _____

Date: _____